



**AUTHORITY TO COLLECT / EMERGENCY CONTACTS: (do not include Parent/s name/s)**

Your consent is required for other people to collect your Child from Treetops ELC on your behalf. Please list the details of those people who can collect your Child in the table below. In the event that your Child is not collected from Treetops ELC, and/or the Parent/s cannot be contacted, this list will also be used to arrange someone to collect your Child.

**Personal photographic identification (driver's licence, passport, etc.) will be required from the appointed person for collection of your Child on your behalf.**

Contact 1		Contact 2	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
	Postcode:		Postcode:
Home Phone:	Mobile:	Home Phone:	Mobile:
Work Email:	Work Phone:	Work Email:	Work Phone:
Relationship to Child:		Relationship to Child:	
<b>MEDICAL PRACTITIONER:</b>			
<b>Immunisation Details:</b> please supply evidence of immunisation. Either your Well Child Health Book, a letter from your doctor or evidence from the National Immunisation Register (NIR).			
Family Doctor's Name:		Telephone No:	
Address:			Postcode:
Is your Child on regular medication: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes please give details:			
Has your Child had any of the following (please tick if applicable):			
<input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Recurring Ear Infection <input type="checkbox"/> Mumps <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Hepatitis			
<b>A Child who has not been immunised may be excluded from Treetops ELC if a condition usually prevented by immunisation occurs at Treetops ELC. Full Fees are payable during the period of exclusion.</b>			
<b>MEDICAL AND HEALTH INFORMATION:</b>			
Correct medical information regarding your Child is extremely important. All medications brought onto Treetops ELC's premises for administration must be clearly labelled with your Child's name. Prescription medications must correspond to your Child and dosage recorded on the label. <b>Parents are not allowed to give permission for medications to be administered for 'when required'. Medication will only be given when written permission provided.</b>			
Does your Child have any allergic reactions? (e.g., foods, medicine, grass, sunscreen, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide details:			
Does the Child have any medical conditions and needs (e.g. epilepsy, anaphylaxis, diabetes, asthma, etc. ) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide the Child's medical action plan:			
<b>MEDICAL EMERGENCIES / CONSENT TO ADMINISTER MEDIAL TREATMENT AND MEDICATION</b>			
The only person that can give consent for staff to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the Child's Parents or Guardians if appointed by the courts. I give consent for staff to undertake first aid, seek medical assistance or treatment that the Child should require at my expense. In this event, every effort will be made to contact the Parents/Guardians immediately.			
I agree to collect or make arrangements for the collection of the Child should they become unwell.			
<b>Parent/s / Guardian/s Signature and Name/s:</b>			
Name:		Name:	
Signed:		Signed:	

**SUNSCREEN AND/OR INSPECT REPELLENT:**

I hereby authorise Treetops ELC and/or staff to apply 30+ sunscreen on all unprotected areas of the skin of my child (name) \_\_\_\_\_  
for outdoor play.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

The Parent/Guardian understand that Treetops ELC may use a variety of sunscreen and/or insect repellent brands from time to time. If the Child requires special sunscreen and/or insect repellent the Parent/Guardian will supply this product to Treetops ELC.

**OTHER RELEVANT INFORMATION YOU WISH TO SHARE**

**FOOD / MEALS:**

Does the Child have any special dietary needs? (e.g. vegetarian, religious requirements, etc.)  YES  NO

If yes, please provide details:

Allergies / Intolerance:

Other details:

**GENERAL NEEDS:**

Does/can the Child participate in festivals/celebrations?  YES  NO

If yes, please provide details:

If yes, please provide details:

Any other Details:

**PHOTOGRAPHS AND/OR VIDEOS:**

I (name) \_\_\_\_\_ authorise the staff of the service to take photographs and/or videos of (child's name) \_\_\_\_\_

(please indicate your preference below)

To communicate visually the children's activities with the families within the centre

To use for promotional purposes outside the centre (e.g., website, flyers, newspaper etc)

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**CHILDREN'S ARTWORK**

Children's learning documentation is regularly displayed throughout the centre. If you do not want your child's learning documentation displayed, please indicate below:

I do not want my children's learning/hearing stories displayed

The Parent/Guardian hereby give consent for our Child's to be observed for staff, Child, or visitor's purposes. Childs and visitors will be from accredited training programmes and will work in conjunction with Treetops ELC. If further questioning or testing is to be carried out, Treetops ELC acknowledges that additional permission will need to be obtained.

**ANIMAL ON THE PREMISES**

I understand there maybe animals on the premises, and I am happy for my Child to have contact with them.  YES  NO

School attending:

Address:

I wish to enrol my child for the following sessions:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time (Monday – Friday)					
Daily (Minimum 3 Days)					
6-hour day (9am-3pm)					
6-hour week (9-3) (Mon-Fri)					
Sessions (Limited spaces available) Either: 8am-12pm OR 1pm-5pm					

FEES	Full Time	DAILY	6 HOUR DAY	6 HOUR WEEK
Under 3	\$	\$	\$	\$
Over 3	\$	\$	\$	\$
Admin Fee	\$	\$	\$	\$

1. Is your Child receiving twenty (20) Hours ECE for up to six (6) hours per day, twenty (20) hours per week at this service?

YES  NO

2. Is your Child receiving twenty (20) Hours ECE at any other services?

YES  NO

**If YES to either or both of the above, please sign to confirm that:**

- Your Child does not receive more than twenty (20) hours of twenty (20) hours ECE per week accord all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement form, if deemed necessary and to the extent necessary to make decisions about your Child's eligibility for twenty (20) hours.
- You Consent to the Early Childhood Education service providing relevant information to the Ministry of Education, and to other early Childhood Education services your Child is enrolled at, about the information contained in this section.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUAL ENROLMENT DELCARATION**

I hereby declare that my Child **is/is Not** enrolled at another Early Childhood Institution at the same times that **he/she** is enrolled at Treetops Early Learning Centre Botany.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT OPTIONS:**

I agree to pay all fees  weekly  fortnightly:

**METHOD OF PAYMENT:**

Cash  Direct Debit

Direct Credit Information:	Bank:	Account Name:	Account No: <i>(Please use your surname or your child's surname as reference)</i>

Yes / No (pls Circle)	Permission for short excursions within the vicinity of the centre
Yes / No (pls Circle)	Holding Fee for holidays
	*After 21 days absence the funding expires, and full fees will apply

I certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS (attached) of Treetops Early Learning Centre Botany form part of and are intended to be read in conjunction with this Enrolment Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

**Guarantee**

If I execute this agreement as the person responsible for payment on behalf of the Parent, I guarantee the due and punctual payment of all monies payable under this agreement. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until the whole of moneys owing to Treetops Early Learning Centre Botany by the Parent and all obligations herein have been fully paid satisfied and performed.

**PARENT or GUARDIAN TO SIGN**

SIGNED: \_\_\_\_\_

Name: \_\_\_\_\_

ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Driver's Licence, Passport, etc.)

Date: \_\_\_\_\_

**PARENT or GUARDIAN TO SIGN**

SIGNED: \_\_\_\_\_

Name: \_\_\_\_\_

ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Driver's Licence, Passport, etc.)

Date: \_\_\_\_\_

**GUARANTOR'S DETAILS (if required):**

SIGNED: \_\_\_\_\_

Occupation: \_\_\_\_\_

ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Driver's Licence, Passport, etc.)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**TREETOPS ELC TO SIGN:**

SIGNED: \_\_\_\_\_

Name: \_\_\_\_\_

HEAD TEACHER: \_\_\_\_\_

Name: \_\_\_\_\_